



Baltimore County Public Schools Electronic Mail Change Form

Change Information (Please Print)

Name (Last, First, M.I.)		Last 4 Digits of SSN	
Position		Office/School Phone	
Office/School		Extension	

Please check box and provide required information.

Legal Name Change

Former:

New:

Employment Status

Former:

New:

Work Location Change

Former:

New:

Position Change:

Former:

New:

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Signature of Applicant	Date	Authorized by Office Head/Principal
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FILING INSTRUCTIONS FOR BCPS PERSONNEL

[RETURN] SEND THE SIGNED FORM [VIA INTEROFFICE MAIL] TO:

POSTMASTER, DEPARTMENT OF TECHNOLOGY, TIMONIUM OFFICE[SUPPORT SERVICES]

[A CENTRAL DEPOSITORY OF GRANTED ELECTRONIC MAIL ACCOUNTS IS MAINTAINED BY THE DEPARTMENT OF TECHNOLOGY]